

REMARKS:

In response to the Office Action mailed August 24, 2006, claims 16-22 have been canceled without prejudice, and new claims 23-33 have been added in order to more particularly claim the subject matter of the present application. Applicant confirms election of Group I, and that original claims 1-15 and new 23-33 are readable thereon. Claims 16-22 have been canceled without prejudice and may be pursued in a divisional application.

In the Office Action, the drawings were objected to. In addition, claims 1, 7-9, and 11-14 were rejected under 35 U.S.C. § 102(b) as anticipated by U.S. Patent No. 5,256,146 (“the Ensminger et al. reference”), and claims 1, 10, and 15 were rejected under 35 U.S.C. § 102(b) as anticipated by U.S. Patent No. 5,669,931 (“the Kupiecki et al. reference”). Finally, claims 2-6 were rejected under 35 U.S.C. § 103(a) as unpatentable over the Ensminger et al. reference in view of U.S. Patent No. 6,589,214 (“the McGuckin et al. reference”). Because none of the cited references, either alone or in combination, discloses, teaches, or suggests the subject matter of the present claims, the rejections should be withdrawn.

With respect to the objection to the drawings, Applicant submits herewith replacement drawings.

Turning to the § 102(b) rejections, the Ensminger et al. reference discloses anchoring elements for maintaining an implanted catheter tip at a desired position for prolonged periods of time. Col. 2, lines 1-4. The anchoring elements are formed such that they expand to engage the inside wall of a blood vessel to mechanically link the implanted catheter tip to the blood vessel. Thus, the Ensminger et al. reference fails to teach or suggest anything about ostial locators that are used for locating an interventional device relative to the ostium of a branch vessel. Unlike an

ostial locator, which expanded, advanced, and removed after being used to locate an ostium and/or position an interventional device, the anchoring elements are not intended to be advanced removed, but are intended to remain within a patient for prolonged periods of time once expanded.

Turning to the present claims, claim 1 recites an apparatus for locating an interventional device relative to the ostium of a branch vessel that includes a sheath having proximal and distal ends, and a lumen extending therebetween, the sheath adapted to be affixed to an interventional device; and an ostial locator wire slidably disposed within the sheath, the ostial locator wire having a distal region that assumes an expanded configuration when extended from the distal end of the sheath and partially encircles the interventional device and a linear configuration when retracted into the lumen, the sheath being advanceable with the distal region in the expanded configuration to position the interventional device relative to the ostium, the ostial locator wire and sheath being removable after positioning the interventional device.

First, the Ensminger et al. reference fails to teach or suggest a sheath that is advanceable with the distal region of an ostial locator wire in the expanded configuration to position the interventional device relative to the ostium. In direct contrast, the Ensminger et al. “anchoring wire 14 is formed in a configuration such that it radially expands to mechanically engage the side walls of blood vessel 24.” Col. 3, lines 40-42. Thus, the Ensminger et al. anchoring elements cannot constitute ostial locators since they automatically become fixed once expanded within a vessel. In addition, as explained above, the anchoring elements of the Ensminger et al. reference are not intended to be removed, but are intended to remain anchored within a vessel for

prolonged periods of time. Accordingly, claim 1 and its dependent claims are neither anticipated by nor otherwise obvious over the Ensminger et al. reference.

Turning to the other cited references, the Kupiecki et al. reference discloses occlusive implants, such as embolic coils that are intended to facilitate anchoring during delivery. Col. 1, lines 11-14. Thus, similar to the Ensminger et al. reference, the embolic coils are not intended to be advanced once expanded within a vessel nor removed; instead, the embolic coils are intended to be permanently implanted once expanded. Thus, claim 1 is also neither anticipated by nor otherwise obvious over the Kupiecki et al. reference.

Finally, the McGuckin, Jr. et al. reference merely discloses an introducer sheath that includes a retainer for receiving another instrument therethrough, and fails to teach or suggest anything about an ostial locator, generally, nor, in particular, in combination with a sheath that is advanceable with the distal region of the ostial locator in an expanded configuration to position the interventional device relative to the ostium. Further, the McGuckin, Jr. et al. reference cannot be properly combined with the other cited references, because the references are completely incompatible with one another. While the Ensminger et al. and Kupiecki et al. references are directed to permanently implanted coils, the McGuckin et al. reference merely discloses sheath devices. There is not motivation to replace the permanent implants of the Ensminger et al. and Kupiecki et al. references with a removable ostial locator, even given the disclosure of the McGuckin et al. reference.

Turning to the other claims, claim 23 recites an apparatus for locating an interventional device relative to the ostium of a branch vessel that includes an interventional device comprising a stent deployable within an ostium; a sheath having proximal and distal ends, and a lumen

extending therebetween; and an ostial locator slidably disposed within the lumen of the sheath, the ostial locator having a distal region that assumes an expanded configuration when extended from the distal end of the sheath and partially encircles the stent, the ostial locator being removable after deploying the stent within the ostium.

First, none of the cited references discloses, teaches, or suggests anything about an interventional device comprising a stent, nor an ostial locator that expands and partially encircles a stent, as claimed. Second, the cited references fail to disclose, teach, or suggest an ostial locator that is removable after deploying a stent within an ostium. Accordingly, claim 23 and its dependent claims are neither anticipated by nor otherwise obvious over the cited references.

Finally, claim 29 recites an apparatus for locating an interventional device relative to the ostium of a branch vessel that includes a sheath having proximal and distal ends, and a lumen extending therebetween; and an ostial locator extendable from the lumen of the sheath, the ostial locator comprising a distal region that assumes an expanded configuration when extended from the distal end of the sheath and partially encircles the interventional device, the distal region assuming a shape in the expanded configuration that is flattened out when the sheath is advanced into an ostium, thereby providing tactile feedback regarding the position of the distal region.

As explained above, none of the cited references teaches or suggests anything about an ostial locator. More particularly, the cited references do not disclose, teach, or suggest an ostial locator that includes a distal region that assumes a shape in the expanded configuration that is flattened out when the sheath is advanced into an ostium, thereby providing tactile feedback regarding the position of the distal region. Accordingly, claim 29 and its dependent claims are also neither anticipated by nor otherwise obvious over the cited references.

In view of the foregoing, it is submitted that the claims now presented in this application define patentable subject matter over the cited prior art. Accordingly, reconsideration and allowance of the application is requested.

Respectfully submitted,

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Dated: January 24, 2007

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